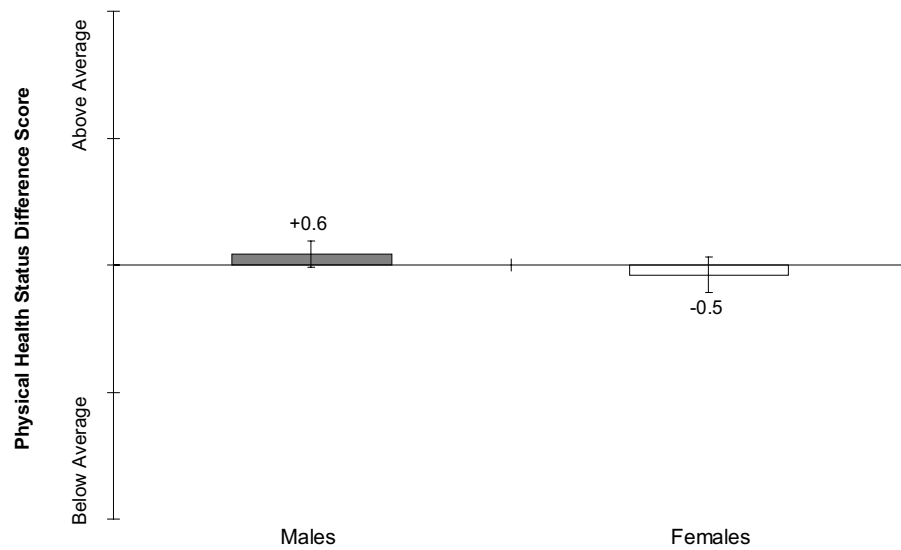


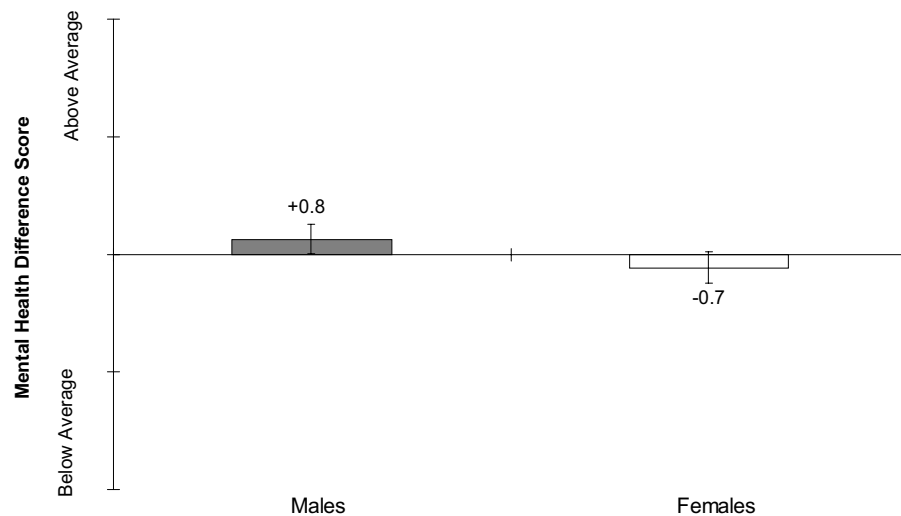
The Health Status of Populations in Utah

This section compares age-specific difference scores across various demographic groups. Although the differences are generally not as large as those found in the preceding section, there are some significant differences and interesting trends, most remarkably the trends in health status by income and educational status.

Physical Health Status Difference Scores by Sex:
Adults Age 18 or Over, Utah, 1996

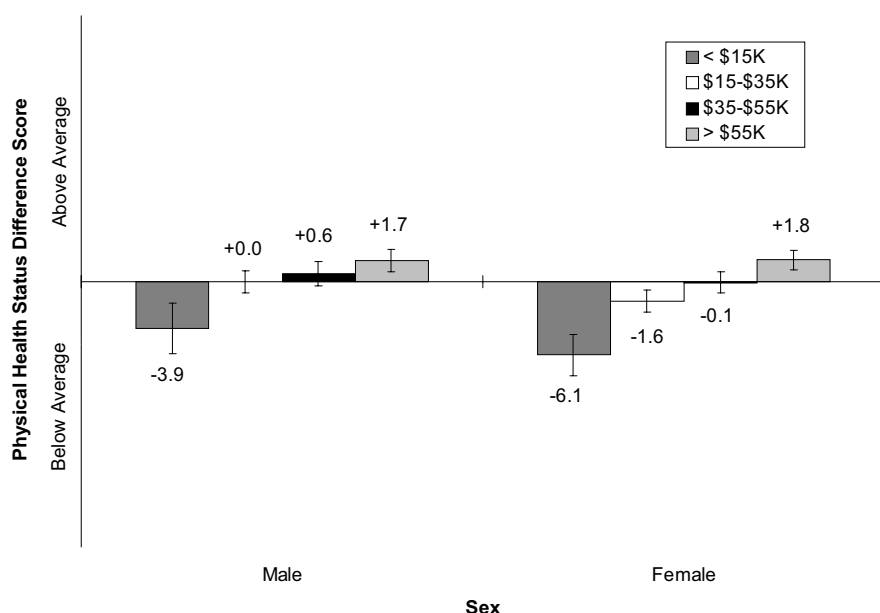


Mental Health Status Difference Scores by Sex:
Adults Age 18 or Over, Utah, 1996

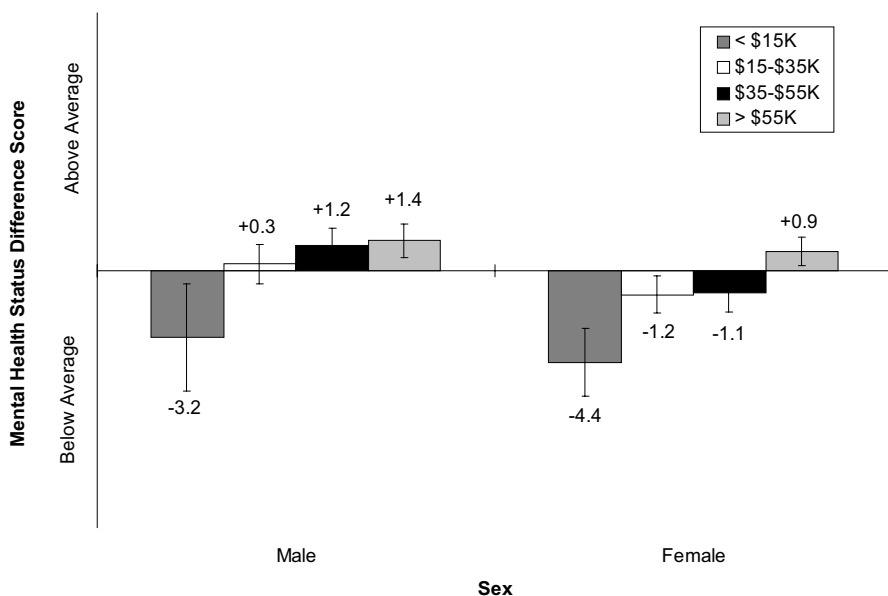


- **Males scored significantly higher on both the Physical Health and Mental Health Composite Scales. This finding is consistent with results of other studies (e.g., BRFSS) and suggests that women's experience of physical health is poorer than men's. It may also be due, at least in part, to a greater reluctance on the part of males to acknowledge or report poor physical and mental health states.**

Physical Health Status Difference Scores by Sex and Income: Adults Age 18 or Over, Utah, 1996

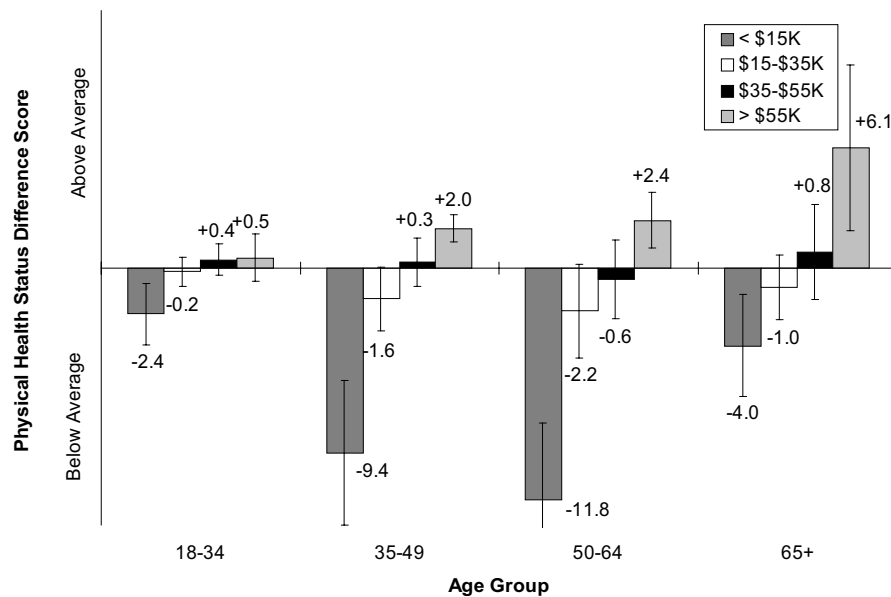


Mental Health Status Difference Scores by Sex and Income: Adults Age 18 or Over, Utah, 1996

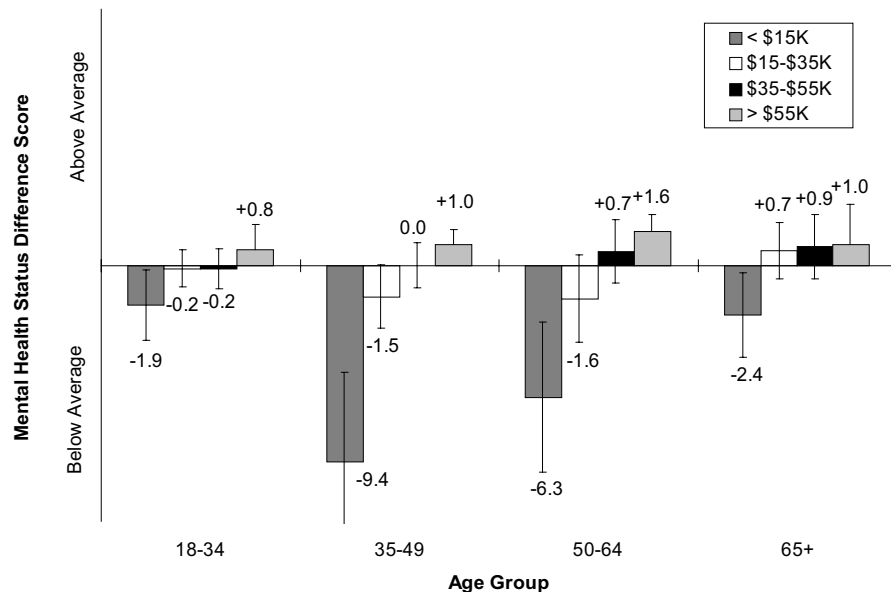


- There were large differences in both PCS12 and MCS12 scores for both men and women in different income groups. It is likely that income influences health, and health also influences income. In addition, researchers hypothesize that other factors, such as sense of control over one's destiny, exert a strong influence on both health and earning ability.

Physical Health Status Difference Scores by Age Group and Income: Adults Age 18 or Over, Utah, 1996

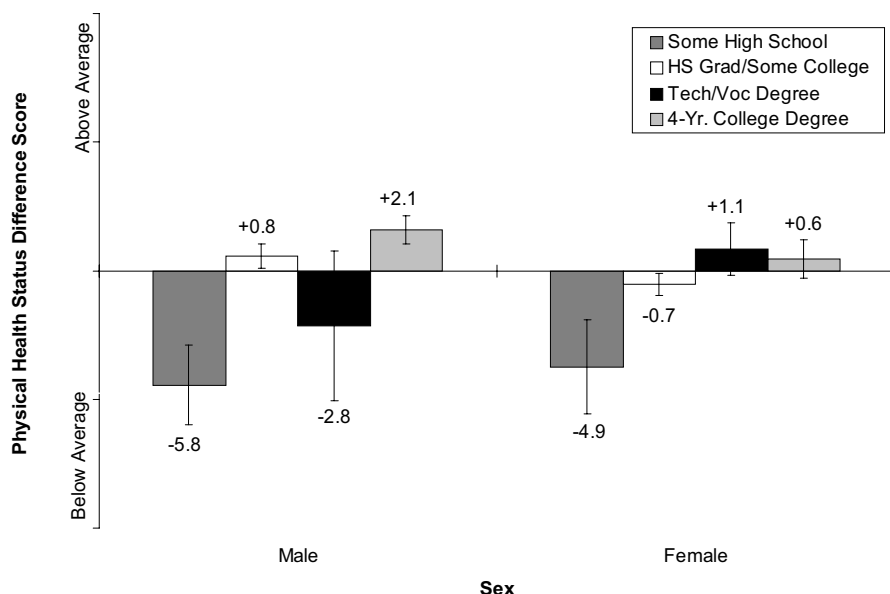


Mental Health Status Difference Scores by Age Group and Income: Adults Age 18 or Over, Utah, 1996

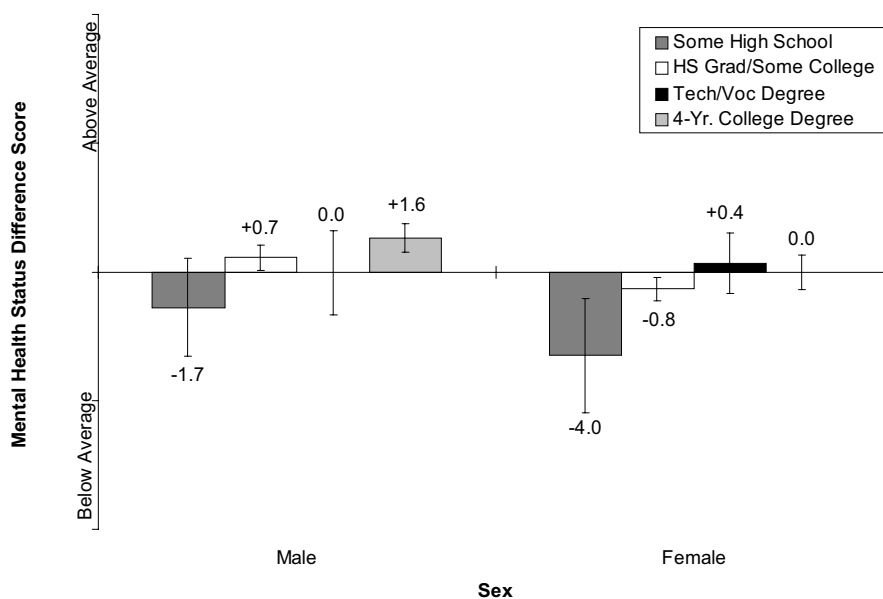


- A similar pattern for health outcomes by income category was found for persons in all age groups. The largest differences were found among persons age 35-64. It is interesting to note that these are the prime income-earning age groups. Could poor health among persons age 35 to 64 be especially detrimental to one's earning potential?

Physical Health Status Difference Scores by Sex and Education Level: Adults Age 18 or Over, Utah, 1996

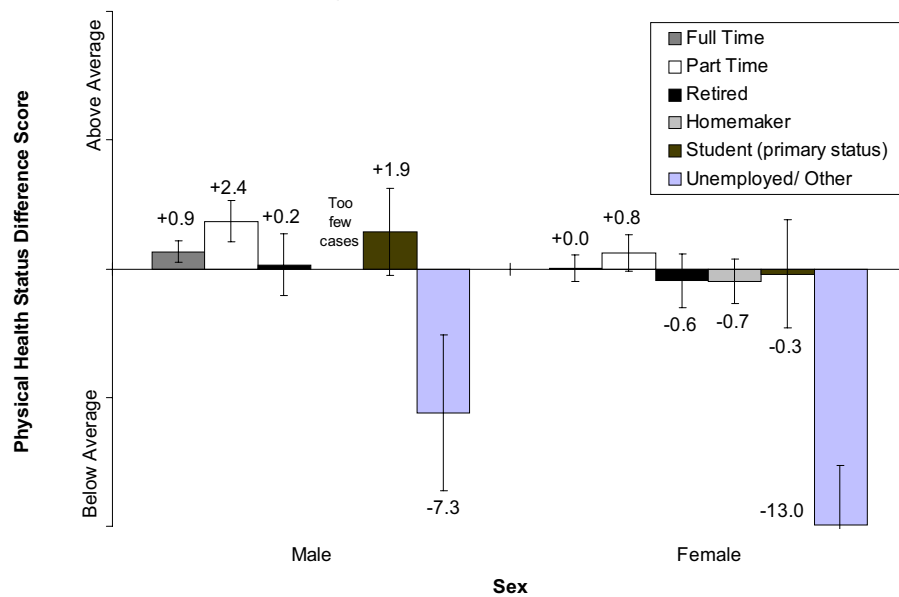


Mental Health Status Difference Scores by Sex and Education Level: Adults Age 18 or Over, Utah, 1996

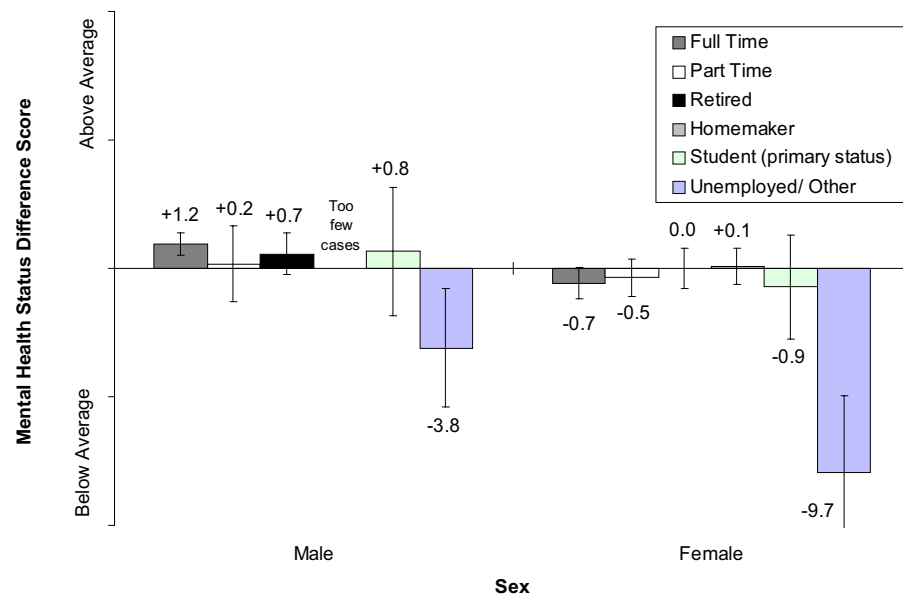


- There were fairly sizeable differences in both PCS12 and MCS12 scale scores by education status, with the lowest scores found among persons without a high school diploma.
- Men with a vocational or technical degree did not score as highly as women with the same degree, or men with only a high school diploma.

Physical Health Status Difference Scores by Sex and Employment Status: Adults Age 18 or Over, Utah, 1996

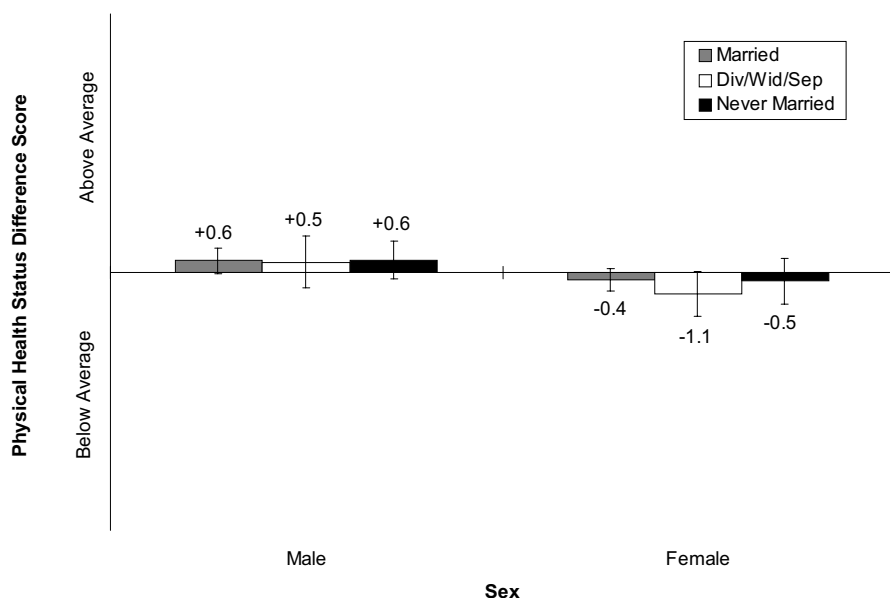


Mental Health Status Difference Scores by Sex and Employment Status: Adults Age 18 or Over, Utah, 1996

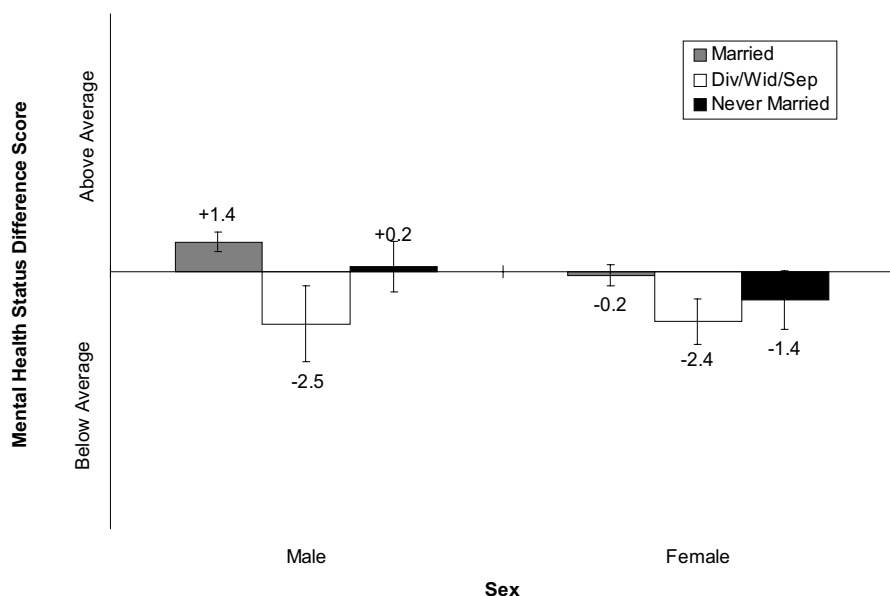


- Persons in the unemployed/other category had the lowest physical and mental health outcomes. The “other” category included persons “temporarily not at work” and those “disabled/unable to work” persons whose health influenced their employment status.

Physical Health Status Difference Scores by Sex and Marital Status: Adults Age 18 or Over, Utah, 1996

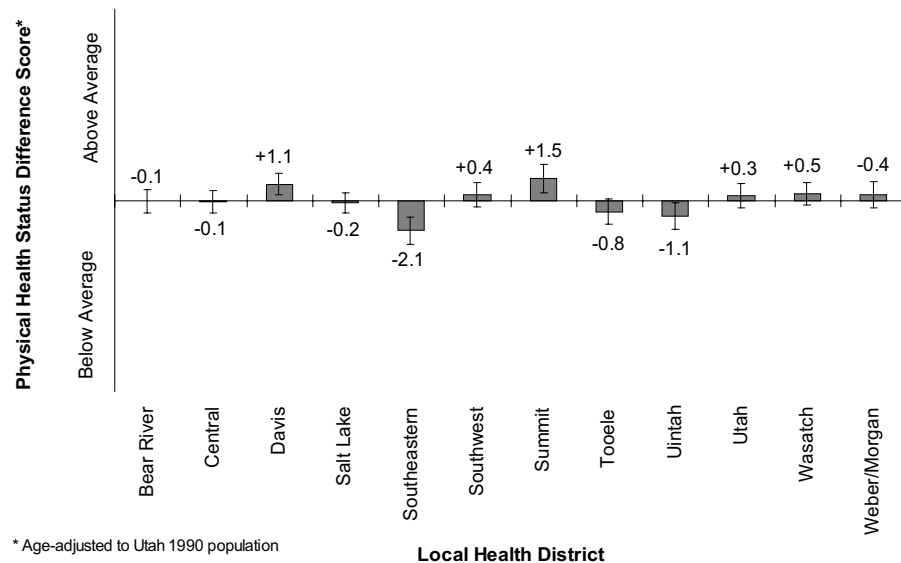


Mental Health Status Difference Scores by Sex and Marital Status: Adults Age 18 or Over, Utah, 1996

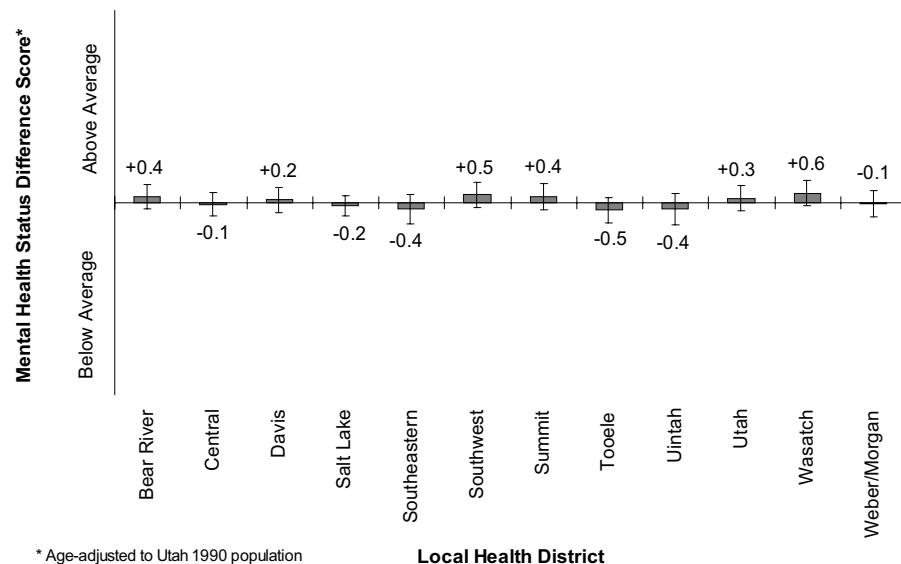


- Analysis of marital status did not yield differences in physical health. However, married men exhibited above average mental health status, and both men and women who were divorced, widowed, or separated tended to have Mental Health Status Scores that were below average.

Physical Health Status Difference Scores by Local Health District: Adults Age 18 or Over, Utah, 1996



Mental Health Status Difference Scores by Wasatch Front Residence: Adults Age 18 or Over, Utah, 1996



- There were small differences in health outcomes for persons by local health district. Davis and Summit Counties had above average physical health status, while Southeastern and Uintah Health Districts scored below average on the physical health measure. While these findings are consistent with other views of health status (such as death rates and HP2000 Health Status Indicators) the findings in Southeastern and Uintah Health Districts should probably be interpreted with caution, as these districts have relatively large American Indian populations, and cultural differences might result in different patterns of response to the SF-12 questions.